

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 24 1937

1. PLACE OF DEATH

County Scott
Township Union
City Van Buren (No.)

Registration District No. 820
Primary Registration District No. 0069

File No. 38936
Registered No.
St. Ward)

2. FULL NAME

Edmond Peel

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 15 - 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

2

2

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Leachville Arkansas

13. NAME

Lester Peel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ark. Ills

15. MAIDEN NAME

Fay Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss. Mo. Arkansas

17. INFORMANT (ADDRESS)

Sister Peel Van Buren Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE Nov 6 1937

19. UNDERTAKER (ADDRESS)

H. G. Welch St. Louis Mo

20. FILED

1-8

1937

E. J. Shekman Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937, to Nov 5 1937

I last saw him alive on Nov 5 1937. Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

BILATERAL LOBAR PNEUMONIA Date of onset Oct 24

Other contributory causes of importance:

BILATERAL OTITIS MEDIA

Name of operation Myringotomy Date of Nov 3, 1937

What test confirmed diagnosis? Rosopic Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: No. Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Merlin E. Anderson M. D.

(Address) St. Louis, Missouri

1. *Содержание*

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38936

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 820
(b) Township Sylvania Primary Registration District No. 6069
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. // mos. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ramond Peel St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leachville Arkansas

FATHER 13. NAME Lester Peel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leachville Arkansas

MOTHER 15. MAIDEN NAME Fay Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leachville Arkansas

17. INFORMANT (ADDRESS) Lester Peel
Anderson mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE Nov 6, 1937

19. FUNERAL DIRECTOR (ADDRESS) H. G. Welsh
Sikeston mo

20. FILED 1-8 1938 J. H. Schuman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937 to Nov 5, 1937

I last saw him alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia Date of onset

Other contributory causes of importance:
Bilateral Plethio Smedeo

Name of operation myringotomy Date of Nov 3, 1937
What test confirmed diagnosis? Otoscopy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Merlin G. Anderson, M. D.
(Signed) Sikeston mo
(Address)

